

2023 SEP 14 PM 4:23

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Shahid Rahman

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

capt. Balanos #1903, officer Asencio #17879

capt. Rutherford

Assistant warden Chestnut

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Sha-Heed Rahman
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

1412204213 NYSID # 02770160P
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

OBCC Rikers Island
Current Place of Detention

1600 Hazen street
Institutional Address

East Elmhurst N.Y. 11370
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: Carl Balanos 1903
First Name Last Name Shield #

captain
Current Job Title (or other identifying information)

1600 Hazen Street
Current Work Address

East Elmhurst NY 11370
County, City State Zip Code

Defendant 2: Rutherford
First Name Last Name Shield #

captain
Current Job Title (or other identifying information)

1600 Hazen Street
Current Work Address

East Elmhurst NY 11370
County, City State Zip Code

Defendant 3: Asencion 17879
First Name Last Name Shield #

officer
Current Job Title (or other identifying information)

1600 Hazen Street
Current Work Address

East Elmhurst NY 11370
County, City State Zip Code

Defendant 4: Chestnut
First Name Last Name Shield #

Assistant warden
Current Job Title (or other identifying information)

1600 Hazen Street
Current Work Address

East Elmhurst NY 11370
County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Dorm 3 UpperDate(s) of occurrence: August 15, 2023

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

on 8/15/23 while in Dorm 3 Upper I requested medical attention. I was even on the sick-call list. Sick call was not called during the 7-3 shift. I informed the A officer that day who stated I must speak with the captain. When Captain Balanos #1903 and officer Abence #17879 made their rounds capt Balanos #1903 told me not to speak with her or officer Abence #17879 and that I would have to go to sick call. I was having breathing problems and both these officers denied me medical attention.

on 8/20/23 an incident happened in the mess hall where pepper spray was sprayed in the mess hall I told captain Rutherford I can't breathe and require medical attention but was denied.

on 8/30/23 my eyeglasses were broken during a search filed complaint EC00685608

Facts continuation.

I filed a complaint with 311 because the Facility Grievance Program is not following policy and responding to Grievances within 10 business days. A 311 complaint EC006811082. Assistant warden Chestnut was informed about officers deploying the ~~poles~~ spray. He stated that when the spray is deployed it does not contaminate food nor does it bothers people with COVID. I even caught COVID-19 and gotten no medical attention.

This facility fails to address medical or follow policy when spraying that pepper spray around people with breathing problems. The spray that was used is Oleo Resin Capsicum. I take Albuterol sulfate HFA Inhalation Aerosol 90mcg per actuation I also take Breo Ellipta Fluticasone Furate 100mcg and vilanterol 25 mcg inhalation powder

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I was denied medical attention on 9/15/23 by Captain Bolanos 1903 and officers Asencio 17579 because I could not breathe. Capt Rutherford denied me medical attention and I could not breathe. never got medical attention. and staff took my glasses

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I am asking for one million dollars in damages and two million for pain and suffering

continuation on Injuries.

It has been the policy and custom of the medical staff at OBCC not to call sick-call. The officers are stating that the clinic is too small for the volume of inmates. I take Malarone, which is given every 4 days. After 4 days I must be seen by a doctor to get a refill. But if I can't get to the clinic to get a refill I must stay in pain and officers are not even taking your concerns to medical staff. It's officers who are picking who should be seen by medical.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

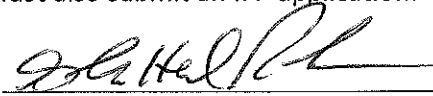
I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Sept 6, 2023
Dated


Plaintiff's Signature

Bhe-Hedd
First Name

Middle Initial

Rahman
Last Name

1600 Hazen street
Prison Address

East Elmhurst
County, City



NY
State

11370
Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 9/8/2023

Kimberly Price who possessed and sent
me money until she possessed
and Adell Long Temple sent me
money to buy food

ATTACHMENT - B

 CITY OF NEW YORK - DEPARTMENT OF CORRECTION 		
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM		Form: 7401R Eff.: 2/25/20 Ref.: Dir. 3376R-A
Inmate's Name: <u>She-Hee Rehman</u>		Book & Case #: <u>1412204213</u>
Facility: <u>OBCC</u>		NYSID #:
Housing Area: <u>300EC</u>	Date of Incident: <u>8/17/</u>	Date Submitted: <u>8/16/23</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: <u>I am filing this complaint because on July 24, 2018 I was housed in C-95 on that day they the SBT search team came and packed up housing area 300EC. They took us to intake and placed us on a bus. we sat on the bus for 3 1/2 hours at OBCC. This search team took all our pants and shirt. we did not eat no lunch or dinner on July 24, 2023 From July 24, 2023</u>		
Action Requested by Inmate: <u>see Attached</u>		
Please read below and check the correct box:		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature:
FOR DOC OFFICE USE ONLY OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT. THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievance Services Coordinator/Officer Signature:		

II

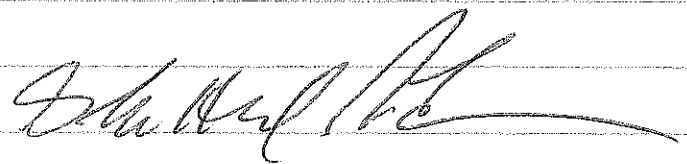
To July 27, 2023 lunch was served
 at 4pm cold chicken meat & Rice
 from July 24, 2023 to July 27, 2023
 Dinner was at 9pm cold Breakfast
 from July 24, 2023 to July 27, 2023
 was served cold oatmeal, grits
 eggs. on July 24, 2023 while sitting
 on the bus I was denied medical
 attention. I suffer from several
 medical conditions I suffer from
 spine damage, PTSD, depression,
 anxiety and panic attacks. Yet I
 was not allowed any medical attention
 from July 24, 2023 to August 18, 2023
 sick-cell is not being conducted.
 If you request emergency medical
 attention your denied. on ~~July 19, 2023~~
 August 16, 2023 ^{that} request ~~was~~ was
 denied. on August 15, 2023 I filed
 to complaints with 311 and
 EC00678407 EC00678411
 on 8/8/23 a money order was #
 signed for Receipt # 079002 today
 is 8/16/23 money order no # 28882978673
 Docs rule is five business days
 I am told by the officer
 they did not know @BCC
 was open but Docs staff

111

continue to violate all Rules
from August 12, 2023 to August 14, 2023
There was no Hot water in the
whole Jail. we were forced to
Take cold showers, for four days

Action Requested: to have all issues
in the body of the grievance addressed.

1. sitting on the bus for 3 1/2 hours
no medical attention
2. cold food from July 24, 2023 to
July 27, 2023
3. Being forced to wear the same pants
from July 24, 2023 to August 4, 2023
4. Being denied sick call
5. To have Grievances responded
to within 10 days
6. To have funds deposited in
account in a timely fashion



41

She-Helal Rahman 1412704213

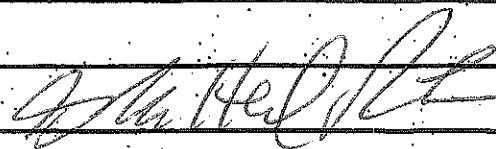
O BCC Zueres

8/15/2023

Grievance

on the above date the A officer informed me that I must speak with the capt about getting to medical once the capt. Bolanos #1903 arrived on the down of Zueres officer Asuncion 17879 told me I am not allowed to speak with the capt. I asked capt. Bolanos can she help me get medical attention she said don't speak to her. I told capt Bolanos I was having a Panic Attack and could not breathe & she gave me a direct order to sit on my bed and I was sent medical attention by officer Asuncion and capt Bolanos.

Action Requested! To have both these officers sent for training. But to have them call medical if a person needs medical attention.



Sho Heed Rehman 1412204213

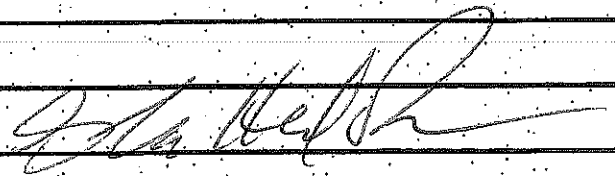
8/17/2023

Grievance

I have filed several Grievances and have not gotten any response. I understand that a Response should be given within ten days but it's been beyond ten days.

Action Requested:

To have copies of all Grievances and Responses



Shahed Rahman 141 204213
OBCC Rikers Island
1600 Hazen Street
East Elmhurst, N.Y. 11370

RECEIVED
SDNY AND E OFFICE
2023 AUG - 1 PM 4:28

July 29, 2023

Hon. Laura Taylor Swain

I am writing this letter in the hopes that you will be able to have the federal monitors come to this facility and speak with us. I was originally being housed in C-95 Amkc but the powers to be decided to close that facility and send all of us to OBCC. Once they moved us to this facility we have not been given minimum standards at all. Rikers Island officials kept us on a bus on July 24, 2023 for over 3 1/2 hours cuffed on a hot bus. no lunch or dinner was given. Dinner came at 10 PM July 24, 2023. They took all the pants you wear and from July 24, 2023 to the writing of this letter we ~~were~~ are forced to wear pants that we left in. Breakfast lunch and

II
Dinner has not been served on time at all. Lunch has been served at 4pm from July 24, 2023 to July 27, 2023. Dinner was served from July 24, 2023 to July 27, 2023 9pm all the food has been served cold. chicken meat loaf fish all served cold lunch that is cold oatmeal grits all being served cold. no hot water for tea or coffee. You can't see medical. The only way you see medical is to lie and request emergency sick-call today on July 29, 2023 medication has not been given at all. I am 58 years old with several different medical conditions that are not ~~now~~ being address. I am positive if you order the federal warden to come and speak with us you would rush and have them close this facility the water is rusty the roof leaks the dorm is infested with ants the SRT officers

took our personal property
and never gave us receipts for
the items they have taken.
They threw away items
that was brought from
commissary, we have not
been allowed to see our
family on visits. we have
not been given Razors to
shave with. It is my
hope that ~~that~~ you will
order the Federal monitor
to come and speak with
us not an employee of
DOCS please we don't
want them to Rebligate
against us. These conditions
I have Post Traumatic Stress
Disorders PTSD and DOCS
is not addressing my condition
at all nor my medical concerns
I have not eaten out of the
food DOCS serves in five
days please help us.

Thank you
very much
D. H. H.

11

To July 27, 2023 lunch was served at 4pm cold chicken meat & Rice from July 24, 2023 to July 27, 2023 dinner was at 9pm cold breakfast from July 24, 2023 to July 27, 2023 was served cold oatmeal, grits eggs. on July 24, 2023 while sitting on the bus I was denied medical attention. I suffer from several medical conditions I suffer from spine damage, PTSD, depression, anxiety and panic attacks. Yet I was not allowed any medical attention from July 24, 2023 to August 18, 2023 sick-cell is not being conducted. If you request emergency medical attention your denied. on ~~July 19, 2023~~ August 16, 2023 ^{the} request was denied. on August 15, 2023 I filed to complaints with 311 and EC00678407 EC00678411 an 8/8/23 money order was # signed for receipt # 079002 today is 8/16/23 money order no # 28892978673 Docs rule is five business days I am told by the officer they did not know @BCC was open. But Docs staff

111

continue to violate all Rules
from August 12, 2023 to August 14, 2023
There was no Hot water in the
whole jail. we were forced to
take cold showers, for four days

Action Requested: to have all issues
in the body of the grievance addressed.

1. sitting on the bus for $3\frac{1}{2}$ hours
no medical attention

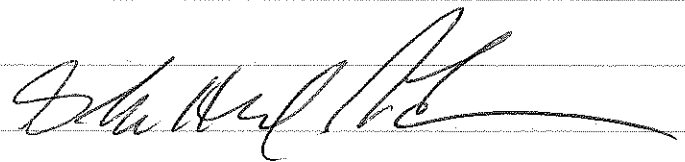
2. cold food from July 24, 2023 to
July 27, 2023

3. Being forced to wear the same pants
from July 24, 2023 to August 4, 2023



4. Being denied sick call

5. To have Grievances responded
to within 10 days




6. To have funds deposited in
account in a timely fashion





ATTACHMENT - B



 CITY OF NEW YORK - DEPARTMENT OF CORRECTION 		
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM		Form.: 7101R ER.: 2/26/20 Ref.: Dir. 3378R-A
Inmate's Name: <u>Shahed Rahman</u>		Book & Case #: <u>14/22042/3</u>
Facility: <u>BBC</u>		Housing Area: <u>308es</u>
Date of Incident: <u>8/13</u>		Date Submitted: <u>8/16/23</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: <u>There has been no sick call in this facility. Also they took our pants when leaving c-95</u>		
Action Requested by Inmate: <u>to be given pens and have sick-call runs</u>		
<p>Please read below and check the correct box:</p>		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature: <u>8/16/23</u>
FOR DOC OFFICE USE ONLY		
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.		
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR		
TIME STAMP: <u>SEP 14 2023</u>	Grievance Reference #: <u>686543</u>	Category: <u>medical</u>
Office of Constituent and Grievance Services Coordinator/Officer Signature: <u>[Signature]</u>		

ATTACHMENT - C

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION		
	OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES	Form.: 7102R Eff.: 8/23/19 Ref.: Dir. 3376R-A	
	DISPOSITION FORM		
Grievance Reference #: 686543		Date Filed: 08/18/2023	
Inmate Name: Rahman, Sha-heed		Book and Case#: 1412204213	
		Facility: OBCC - 3upper	
		Category: Medical	
<p>From OCGS Inmate Statement Form, print or type short description of grievance:</p> <p>There has been no sick call in this facility also they took our pants when leaving c-95</p>			
<p>Action Requested by Inmate:</p> <p><u>Medical care</u></p>			
STEP 1: FORMAL RESOLUTION			
<p>Check one box: <input checked="" type="checkbox"/> Grievance <input type="checkbox"/> Submission is not subjected to the Grievance Process</p> <p>The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. Grievances not subject to the Grievance Process cannot be appealed.</p> <p><u>OCGS informed Mr. Rahman that; as per NYCH&H Correctional Health Services this matter has been forwarded to Patient Relations for review and handling. In addition, this matter has been forwarded to the OBCC Medical Team. Clothes box has been alerted regarding adequate clothing and the housing area will be afforded clothes box services.</u></p>			
CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE			
(Failure to sign forms will forgo your right to appeal the proposed resolution.)			
<p><input type="checkbox"/> Yes, I accept the resolution <input type="checkbox"/> No <input type="checkbox"/> I request to appeal the resolution of this grievance to the Commanding officer.</p> <p><small>Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies. Grievance not subject to the Grievance Process cannot be appealed.</small></p>			
Inmate's Signature: 		Date: 9-6-23	
<input type="checkbox"/> Preliminary Review Requested			
Grievance Coordinator/Officer Signature: Ms. Weales		Date: 8/21/2023	

 CITY OF NEW YORK - DEPARTMENT OF CORRECTION 		
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM		Form.: 7101R Eff.: 2/25/20 Ref.: Dir. 8376R-A
Inmate's Name: <u>She-Hed Rehman</u>		Book & Case #: <u>1412204213</u>
Facility: <u>OBCC</u>		NYSID #: _____
Housing Area: <u>3BPER</u>	Date of Incident: <u>8/17/</u>	Date Submitted: <u>8/16/23</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: <u>I am filing this complaint because on July 24, 2018 I was housed in C-95 on that day they The 3B7 search team came and packed up housing area 3BPER. They took us to intake and placed us on a bus. we sat on the bus for 3 1/2 hours at OBCC. This search team took all our pants and shirt. we did not eat no lunch or dinner on July 24, 2018 From July 24, 2023</u>		
Action Requested by Inmate: <u>see Attached</u>		
Please read below and check the correct box:		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature: _____
FOR DOC OFFICE USE ONLY OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT. THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature: _____		

ATTACHMENT - B

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM	 Form: 7101R Eff.: 2/26/20 Ret.: Dir. 3378R-
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The Office of Constituent and Grievance Services (OCGS) at the NYC Department of Correction is available to resolve your individual complaints or concerns about specific matters involving incarceration. You may first seek to resolve the issue or condition by speaking to the involved staff or your housing area officer.

- A grievance is a written or electronic (311) submission by an inmate in the Department's custody about an issue or condition relating to the inmate's confinement. Before you seek relief from an external entity, like the courts or another agency, you should file a grievance with this office.
- You have the right to file a grievance. If you believe Department staff is retaliating against you because of a grievance you submitted, you can file a staff complaint through the grievance process. There must be some connection between the previous grievance you filed and the staff complaint to claim retaliation. Retaliation is any action or threat of action against an incarcerated individual who participates in the grievance process. Retaliation by Departmental staff against anyone for participating in the grievance process is strictly prohibited. Behaviors that may be considered retaliatory include, but are not limited to: threats, reprimands, harassment, or denial of certain privileges.
- Inmates are only allowed to file one complaint for each grievance either written on this form or calling 311.
- Inmates shall not file repetitive grievances on this form or call 311, where the time frame to investigate said grievance has not expired. This will be considered misuse. All grievances have a seven day investigation timeframe.

All grievance forms must be signed. Failure to sign form will be deemed invalid.

THE SUBMISSION AND APPEALS PROCESSES

1. SUBMISSION

Submit this form (Statement form) to the OCGS office, OCGS staff, or drop it in a grievance box. Your grievance form will be returned to you if the complaint is outside of OCGS jurisdiction such as complaints in regards to disciplinary process; if the grievance contains multiple issues; or if the grievance form is not signed. Please speak with the grievance staff in your facility for additional information.

2. FORMAL RESOLUTION

You will receive a proposed resolution within seven (7) business days after the OCGS receives the form. If you disagree with the proposed resolution, you will have two business days to request an appeal to the facility Commanding Officer.

3. COMMANDING OFFICER'S REVIEW

The OCGS staff will forward your appeal to the commanding officer within one business day of receiving it. Within five (5) business days of receiving the appeal, the commanding officer will render a written disposition; you will have two (2) business days to appeal to the Division Chief.

4. APPEAL TO THE DIVISION CHIEF

The OCGS staff will forward your appeal to the Division Chief within one business day of receiving it. Within five (5) business days of receiving the appeal, the Division Chief will render a written disposition.

5. CENTRAL OFFICE REVIEW COMMITTEE

If you disagree with the Division Chief's disposition, you will have two (2) business days to appeal to the Central Office Review Committee (CORC). The CORC will render a disposition within fifteen business days of receiving the appeal. The CORC's disposition constitutes the Department's final decision.

GRIEVANCE CATEGORIES

- | | |
|--|--|
| 1. CLASSIFICATION/SRG STATUS
2. CLOTHING
3. COMMISSARY
4. CORRESPONDENCE / MAIL
5. EMPLOYMENT
6. ENVIRONMENTAL
7. FOOD
8. INMATE ACCOUNT
9. JAIL TIME
10. LAUNDRY
11. LAW LIBRARY
12. MEDICAL/ACCESS TO SICK CALL | 13. MENTAL HEALTH
14. PERSONAL HYGIENE
15. PHONE
16. PROGRAMS
17. PROPERTY
18. RECREATION
19. RELIGION
20. RULES AND REGULATIONS
21. SCHOOL
22. SEARCH
23. SOCIAL SERVICES
24. TRANSPORTATION
25. VISIT
26. OTHER |
|--|--|

CATEGORIES NOT SUBJECT TO THE GRIEVANCE PROCESS

1. ASSAULT ALLEGATION
2. SEXUAL ABUSE/SEXUAL HARASSMENT (PREA)
3. HARASSMENT ALLEGATION
4. STAFF COMPLAINT
5. INMATE ALTERCATION
6. INMATE ON INMATE SEXUAL ABUSE/SEXUAL HARASSMENT ALLEGATION (PREA)
7. INMATE-ON-INMATE VERBAL HARASSMENT ALLEGATION
8. STATUS AS AN INTENDED CONTRABAND RECIPIENT, ENHANCED RESTRAINT STATUS, RED ID OR CMQ
9. MEDICAL STAFF / MENTAL HEALTH STAFF
10. REQUEST FOR PROTECTIVE CUSTODY
11. REQUEST FOR ACCOMMODATION DUE TO DISABILITY
12. FREEDOM OF INFORMATION LAW REQUEST
13. HOUSING
14. INMATE GRIEVANCE
15. OTHER

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cc Rikers Island
o Hazen Street
St Elmhurst, N.Y. 11370

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Southern District of New York
The Daniel Patrick Moynihan
United States Court House
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